



Ticket No. 042390.P3026

08/526714

PATENTTHE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231SIR: Transmitted herewith for filing is the **nonprovisional patent application** of:Inventor(s): **Vikas Aditya Prakash Iyer**For: **Super Pipelined Architecture for Transit Flow in a Network Controller**

Enclosed are:

☒ **XXX** 5 sheet(s) of Drawings.☒ **XXX** An Assignment of the invention to Intel Corporation.☒ **XXX** Assignment Cover Sheet Form PTO-1595.☒ **XXX** A Declaration & Power of Attorney (☒ Signed ☐ Unsigned).☐ A Verified Statement to establish Small Entity Status under 37 C.F.R. §§ 1.9 and 1.27.☐

The Filing Fee has been calculated as shown below:

For:	(Col. 1)		(Col. 2)	Small Entity		Other than a Small Entity	
	No. Filed		No. Extra	Rate	Fee	Rate	Fee
Basic Fee:					\$365.00		\$730.00
Total Claims:	21	- 20	1 *	x \$11.00=	\$0.00	x \$22.00=	\$22.00
Indep. Claims:	3	- 3	0 *	x \$38.00=	\$0.00	x \$76.00=	\$0.00
<input type="checkbox"/> Multiple Dependent Claim(s) Presented				+ \$120.00		+ \$240.00	
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2				Total:	\$0.00	Total:	\$752.00

☒ **XXX** A check for \$752.00 for the filing fee is enclosed.☒ **XXX** A check for \$40.00 for recordation of the Assignment is enclosed."Express Mail" mailing label number TB806949627US

Date of Deposit _____

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.


Adriane Giberson09/11/95
Date

~~XXX~~ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication, or credit any overpayment to our Deposit Account No. 02-2666. **A duplicate copy of this sheet is enclosed.**

~~XXX~~ Any additional filing fees required under 37 C.F.R. § 1.16.

~~XXX~~ Any patent application processing fees under 37 C.F.R. § 1.17.

~~XXX~~ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application, or credit any overpayment, to our Deposit Account No. 02-2666. **A duplicate copy of this sheet is enclosed.**

~~XXX~~ Any processing fees under 37 C.F.R. § 1.17 including any extension fees.

~~XXX~~ Any filing fees under 37 C.F.R. § 1.16 for presentation of extra claims.

~~XXX~~ Send all correspondence to the undersigned at BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, 12400 Wilshire Boulevard, Seventh Floor, Los Angeles, California 90025, and direct all telephone calls to the undersigned at (408) 720-8598 .

Respectfully submitted,
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN

Date: _____

9/11/95

By: _____

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